

Applicant:	
Mailing Address:	
City & Zip Code:	County:

Primary Contact (Name & Title):	
Phone:	Fax:
E-mail Address:	

Assembly District(s):
Senate District(s):

☐ Request for Reimbursement Grant

<p>Brief Description of Project (3-5 Sentences):</p>
<p>Total Grant Request: \$</p>

I declare, under penalty of perjury, that all information submitted for the CIWMB's consideration for allocation of grant funds is true and accurate to the best of my knowledge.

Type or print name and title: _____

INSTRUCTIONS FOR APPLICATION COVER SHEET

Applicant

This is the name of the entity that is submitting the application, e.g. City of Anaheim, Code Enforcement Agency or Santa Clara County Local Enforcement Agency.

Primary Contact

This person is responsible for carrying out the day-to-day management and implementation of the project. All CIWMB correspondence will be directed to this individual.

Assembly and Senate Districts

List the district numbers for all districts affected by the proposed project.

Request for Grant Funds/Request for Reimbursement Grant

Indicate if request is for funds to clean up a site (Request for Grant Funds) or to reimburse for an illegal disposal site previously remediated (Request for Reimbursement Grant).

Brief Description of Project

Include a three to five sentence summary of the proposed project. Include the number of sites to be remediated.

Total Grant Request

The total number of dollars being requested from the CIWMB rounded to the nearest dollar. Do not include applicant contributions or in-kind services.

Certification/Signatures

Please select the designated signature authority carefully because only the person in the designated position will be able to sign the Grant Agreement Form and Payment Request Form.